

Ohio 2018 Medical Professional Liability Closed Claim Report

Ohio Medical Professional Liability Closed Claim Report - 2018

I. Introduction

Pursuant to Ohio Revised Code (“ORC”) §3929.302 and Ohio Administrative Code (“OAC”) 3901-1-64, the Department of Insurance (“Department”) hereby submits its fourteenth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2018. This report also includes comparisons of calendar year 2018 data with the data from the prior thirteen calendar years. Copies of the prior annual reports are available on the Department’s web site www.insurance.ohio.gov.

II. Overview

ORC §3929.302 requires all entities that provide medical professional liability insurance to health care providers located in Ohio, including authorized insurers, surplus lines insurers, risk retention groups and self-insurers, to report data to the Department regarding medical professional liability claims that close during the year. In addition, each entity must report the costs of defending medical professional liability claims and paying judgments and/or settlements on behalf of health care providers and health care facilities.

The Department is required to prepare an annual report to the General Assembly summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

Copies of ORC §3929.302 and OAC 3901-1-64 are attached to this report as Appendices A and B.

III. Data Collection

A secured application on the Department’s web site has been set up in order to capture the data elements required by OAC 3901-1-64, Medical Liability Data Collection. Companies must submit data by May 1 for each medical, dental, optometric or chiropractic claim closed in the prior calendar year.

IV. Description of Analysis

For the purposes of this report, and based on general practice, when an insurer or other insuring entity opens a file and begins to investigate the circumstances of a demand for compensation due to the alleged malpractice of a health care provider or facility, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed for one of the many reasons detailed in this report, even when the claimant receives no payment, the claim is considered closed. Multiple closed claim records can be generated from one incident, since a closed claim record must be entered for each health care provider and/or facility from which a demand for compensation is sought.

Ohio Medical Professional Liability Closed Claim Report - 2018

In this report, two primary pieces of data are analyzed:

- **Paid Indemnity:** The amount of compensation paid on behalf of each defendant to a claimant.
- **Allocated Loss Adjustment Expense (ALAE):** The expenses incurred by a reporting entity, other than paid indemnity, which relate to a specific claim, such as the costs of investigation and defense counsel fees and expenses. As a business practice, some of the reporting entities do not allocate loss adjustment expenses to a specific claim.

This report organizes and summarizes the data to reflect the types of medical professional liability claims, the age and size of these claims, differences among regions of the state, differences among medical professionals, and several other categories.

V. Limitations of Analysis

The analysis is based entirely on historical closed claim data. That is, claims are reported to the Department and included in this analysis based on the year in which they reach a final outcome of any sort, including a trial verdict, settlement or the passing of the statute of limitations. Some arose from recent medical incidents, but many arose from incidents that occurred several years ago.

This report is not intended to be used to evaluate past or current medical professional liability insurance rates.

In addition, this data does not reflect plaintiffs' attorney fees, which are not collected separately and cannot be identified from this data or from any data available to the Department.

VI. Key Findings for 2018 Closed Claims

- **Total Claims:** For 2018, a total of 3,001 claims were reported by 89 entities. Authorized insurers¹ reported the most claims, 1,701. Self-insured entities reported 1,039 claims; surplus lines insurers² reported 216 claims; and risk retention groups³ reported 45 claims.

¹ Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.

² Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.

³ Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

Ohio Medical Professional Liability Closed Claim Report - 2018

- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Over 75% of the claims, or 2,258, had no indemnity payments, while nearly 25% of the claims or 743, closed with an indemnity payment. The total amount paid to claimants was \$227,067,976, an average of \$305,610 per claim in which an indemnity payment was made.
- **ALAE:** While most claims closed with no payments to claimants, nearly all claims generated expenses for investigation and defense. The number of claims reported to have ALAE was 2,492. These expenses totaled \$84,069,715, an average of \$33,736 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants typically increases with the age of the claim. Of the claims that closed with an indemnity payment, 171 closed within one year of being reported and had an average paid indemnity of \$117,632. That figure rose to \$214,570 for 257 claims closing in their second year. Sixteen claims closed seven or more years after being reported with an average indemnity payment of \$1,297,769.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$5,391 for claims that closed in the first year, and increasing to \$13,731 for claims that closed in the second year. For claims, closing seven or more years after being reported the average ALAE was \$102,152.
- **Regional Comparisons:** Nearly forty percent of the claims, or 1,184, came from Northeast Ohio. Of these, 26% or 303 resulted in indemnity payments totaling \$137,454,636. Over sixty percent of the total dollar amount paid to claimants statewide in 2018 arose from Northeast Ohio claims. When the county was identified, Northeast Ohio had the highest average paid indemnity of \$453,646. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Central-\$263,357; Southeast-\$196,387; Southwest-\$181,359; and Northwest-\$176,680.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Radiology had the most claims at 304 with seven resulting in paid indemnity averaging \$188,571. For those specialties that are broken out, Obstetrics/Gynecology had the highest average paid indemnity of \$998,667 for fifteen claims with payments, out of 55 reported claims.
- **Treatment Comparisons:** Diagnosis-Related, such as failure to diagnose, misdiagnosis, or delay in diagnosis, produced the highest number of claims of 1,142 with 185 resulting in paid indemnity. Obstetrics-related claims totaled 102. Of these, 33 resulted in indemnity payments averaging \$1,434,012, the highest average payment for any type of injury.

Ohio Medical Professional Liability Closed Claim Report - 2018

VII. Detailed Findings and Comparison with Prior Years

Claims by Outcome (Appendix C, Exhibits 1, 2 and 3)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 3,001 claims that were closed in 2018, more than 75% closed with no indemnity payment. Included in this figure are five categories:
 - 64.35% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 4.63% ended through a settlement;
 - 4.13% were dismissed by summary judgment or a directed verdict;
 - 1.83% ended with a verdict for the defendant;
 - 0.30% ended with alternative dispute resolution.

- Nearly 25% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 22.39% reached a settlement;
 - 1.90% used alternative dispute resolution;
 - 0.40% had a verdict for the plaintiff;
 - 0.07%⁴ ended with a summary judgment or directed verdict for the plaintiff.

Regardless of outcome, all categories of claims had expenses in the form of ALAE. That is, even though a claim may have closed without an indemnity payment, the claim was likely to generate investigation and legal expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$14,413. The two claims that were disposed of by a verdict for the plaintiff, with indemnity payment, had the highest average ALAE of \$283,392.

Exhibit 3 provides a comparison of the fourteen years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-25%.

Age of Claim (Appendix C, Exhibit 4)

This exhibit displays claims by age at the time of closing, and shows that typically average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent 21% of the total and had the lowest average indemnity of \$117,632, and ALAE of \$5,391. Costs tended to grow significantly as the claims aged. The category of greater than 7 years had the largest average indemnity payments of \$1,297,769. The category of 5 but less than 6 years had the largest average ALAE of \$125,796.

⁴ Some of these breakdowns may not add up to 100% due to rounding. See Appendix C, Exhibits 1 and 2 for actual figures.

Ohio Medical Professional Liability Closed Claim Report - 2018

Claims by Size (Appendix C, Exhibit 5)

Of the 3,001 claims reported closed in 2018, nearly 25% or 743, generated an indemnity payment. Of these 743 claims, 44 claims or 5.9% generated an indemnity payment greater than \$1 million. These 44 claims generated indemnity payments of \$101 million or 44.5% of the total indemnity payments for all claims. Another 78 claims, or 10.5%, generated an indemnity payment below \$1 million but at least \$500,000. These 78 claims generated indemnity payments of \$58.9 million or 25.9% of the total indemnity payments for all claims. In 2018, 70.4% of the total paid indemnity was generated by 16.4% of the claims that closed with an indemnity payment.

In comparison, for 2017, 80.2% of the total paid indemnity was generated by 20.6% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 89 entities reported closed claim information to the Department. The reporting entities are categorized as authorized (admitted) insurance companies, surplus lines insurance companies, risk retention groups and self-insurers/captives. Of the 3,001 closed claims that were reported, 56.7% of the claims were reported by admitted insurance companies and 34.6% were reported by self-insurers/captives.

Claims by Region (Appendix C, Exhibits 7, 8 & 9)

Claims were reported by county. However, an exhibit showing details for each individual county would allow for identification of the specific claims in counties with very few claims, violating the requirement of confidentiality. In order to provide meaningful information regarding differences by location, the state is divided into five regions: Central, Northeast, Northwest, Southeast and Southwest. The counties within each region are shown in Exhibit 7, while Exhibit 8 displays claim data for the regions for calendar year 2018 closed claims.

Nearly 40% of the closed claims reported for 2018 were from the Northeast region. The claims from the Northeast region also had the largest average indemnity payment. The Central region incurred the largest average ALAE. Exhibit 9 displays the regional data for all fourteen years combined.

Claims by Physician Specialty (Appendix C, Exhibits 10 & 11)

Exhibit 10 displays ten physician and surgeon specialties. All other specialties are grouped together as "Other" to maintain confidentiality. Approximately 8.4% of the claims resulted in an indemnity payment. Radiology had the most closed claims in 2018.

Ohio Medical Professional Liability Closed Claim Report - 2018

Of the physician specialties shown, Obstetrics/Gynecology had the highest average paid indemnity of \$998,667. Exhibit 11 displays the physician & surgeons' data for all fourteen years combined for all specialties.

Claims by Medical Provider Type (Appendix C, Exhibit 12)

Exhibit 12 displays the 2018 closed claims experience for all the provider types. Forty-seven percent of the 3,001 closed claims were reported for Physicians/Surgeons. The largest average paid indemnity was \$487,103 for claims reported for Physicians/Surgeons. The largest average ALAE of \$63,190 was for claims reported for Hospitals. While 8.4% of the claims reported for a Physician/Surgeon resulted in an indemnity payment, 47.1% of the claims reported for a Hospital resulted in an indemnity payment.

Claims by Type of Injury (Appendix C, Exhibits 13 & 14)

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 3,001 claims reported as closed in 2018, over 70% of the claims were split between three categories, Diagnosis-Related, Non-Obstetrical Medical Treatment, and Surgery-Related. Diagnosis-Related includes failure to diagnose, misdiagnosis, and delay in diagnosis. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Surgery-Related includes delay in surgery and improper performance of surgery. Obstetrics-Related claims had the highest average paid indemnity of \$1,434,012. Obstetrics-Related claims include improper delivery method, improper management of pregnancy, and delay in delivery. Obstetrics-Related claims also had the highest average ALAE of \$109,690. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all fourteen years combined for all injury descriptions.

Birth Injury Claims (Appendix C, Exhibit 15)

Reporting entities identified whether the closed claim was due to a birth injury. Of the 3,001 closed claims reported, 103 or 3.4% were identified as birth injury claims. Of these 103 birth injury claims, nearly 34% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,401,017, over four times the overall average indemnity payment of \$305,610.

Of the 44,832 closed claims reported for calendar years 2005 through 2018, 1,964 or 4.4% were identified as birth injury claims. Of these 1,964 birth injury claims, over 32% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$1,036,698, which is more than three times the overall average indemnity payment of \$308,961.

Ohio Medical Professional Liability Closed Claim Report - 2018

Severity of Injury (Appendix C, Exhibit 16)

Of the 3,001 claims reported as closed in 2018, 815 or 27.2% of the claims were due to death, with an average paid indemnity of \$401,762. For 2018, claims with injuries identified as “permanent major” had the highest average paid indemnity of \$1,251,560, an amount four times the overall average indemnity payment. “Permanent major” injuries include paraplegia, blindness or loss of two limbs.

Those claims which identified the injury as “permanent grave” have historically had the highest average paid indemnity. However, for 2018, the average indemnity payment for injuries identified as “permanent grave” was \$705,121. “Permanent grave” injuries include quadriplegia and severe brain damage, requiring lifelong dependent care.

Of the 44,832 claims reported as closed for calendar years 2005 through 2018, 15,003 or 33% were due to death. For closed claims resulting in death, 20% closed with an indemnity payment, which averaged \$381,509. Closed claims for injuries identified as “permanent grave” totaled 864 for the fourteen years. For the closed claims that identified the injury as “permanent grave”, 31% closed with an indemnity payment, which averaged \$1,231,754.

Age of Injured Person (Appendix C, Exhibits 17 & 18)

Of the 3,001 claims reported as closed, 57.9% of the claims identified the injured party as an adult, ages 18 to 64. Adults ages 65 or older represented 34.5% of the claims. Infants and minors together represented 7.4% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$1,159,616. Exhibit 18 displays the data for all fourteen years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 3,001 claims reported as closed, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$262,142. When the injured party was a male, the average indemnity payment was \$369,797.

Of the 44,832 claims reported as closed for calendar years 2005 through 2018, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$276,071. When the injured party was a male, the average indemnity payment was \$354,366. For females, 24% of the claims resulted in an indemnity payment, while for males, 22.3% resulted in indemnity payment.

Ohio Medical Professional Liability Closed Claim Report - 2018

Geographic Location of Injury (Appendix C, Exhibits 20 & 21)

Reporting entities identified the geographic location where the primary injury or complaint occurred that led to the medical professional liability claim. As shown on Exhibit 20, the greatest number of claims for 2018 was generated by incidents that occurred in the medical professional's office, followed by incidents that occurred in the operating suite. These two locations represent 54.3% of the reported claims. The largest average indemnity payment was due to an incident that occurred in the Recovery Room (Post Anesthesia Care Unit). The largest average ALAE amounts were due to incidents that occurred in the Obstetrics Department. Exhibit 21 displays the data for all fourteen years combined.

VII. Impact of Tort Reform (S.B. 281)

Effective April 11, 2003, the 124th General Assembly enacted Senate Bill 281, which included a comprehensive set of tort reforms aimed at reducing the costs of litigation and stabilizing the Ohio medical professional liability insurance market. The following tables provide pre-SB 281 and post-SB 281 data for each year and in total.

A few points should be considered when drawing conclusions from this data. First, as noted above, the typical average indemnity payment increases with the age of the claim. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for capping. The Department is sensitive to issues of confidentiality; therefore, it cannot release any specific information regarding these claims. Lastly, the Department is not capturing any data regarding risk management efforts that would possibly impact the number of, or cost of, medical professional liability claims as such data would be beyond the scope of the General Assembly's request in Senate Bill 281. Examples of such efforts would include, but not be limited to, better communications between providers and patients, patient safety and improved treatment protocols or procedures. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

Ohio Medical Professional Liability Closed Claim Report - 2018

Closed Claim Year	Total # of Claims	# Claims (pre-SB 281)	Avg Indemnity (pre-SB 281)	Median Indemnity (pre-SB 281)	Avg ALAE (pre-SB 281)
2005	5,051	3,864	\$307,899	\$101,250	\$28,266
2006	4,004	1,939	\$342,091	\$100,000	\$34,470
2007	3,451	1,058	\$556,191	\$175,000	\$67,898
2008	3,080	458	\$422,498	\$153,000	\$111,388
2009	3,344	325	\$882,645	\$343,750	\$88,602
2010	2,988	167	\$527,336	\$172,000	\$83,773
2011	3,094	165	\$326,297	\$90,000	\$72,062
2012	2,773	86	\$886,731	\$715,000	\$72,189
2013	3,019	77	\$657,113	\$250,000	\$81,844
2014	3,154	51	\$738,267	\$750,000	\$105,476
2015	2,800	36	\$537,773	\$240,954	\$124,469
2016	2,645	34	\$1,050,000	\$575,000	\$132,135
2017	2,428	25	\$2,321,616	\$517,500	\$396,023
2018	3,001	16	\$2,670,061	\$475,000	\$147,814
TOTAL	44,832	8,301	\$417,404	---	\$46,976

Ohio Medical Professional Liability Closed Claim Report - 2018

Closed Claim Year	Total # of Claims	# Claims (post-SB 281)	Avg Indemnity (post-SB 281)	Median Indemnity (post-SB 281)	Avg ALAE (post-SB 281)	# Claims where verdict could have been subject to capping
2005	5,051	1,187	\$171,299	\$25,000	\$9,044	0
2006	4,004	2,065	\$235,677	\$45,000	\$15,768	2
2007	3,451	2,393	\$213,065	\$45,000	\$18,990	3
2008	3,080	2,622	\$221,685	\$50,383	\$28,738	0
2009	3,344	3,019	\$271,897	\$79,184	\$33,448	1
2010	2,988	2,821	\$209,071	\$50,088	\$25,739	4
2011	3,094	2,929	\$289,039	\$90,000	\$31,101	3
2012	2,773	2,687	\$290,248	\$85,000	\$28,192	0
2013	3,019	2,942	\$368,106	\$110,000	\$34,294	8
2014	3,154	3,103	\$284,239	\$90,000	\$40,370	3
2015	2,800	2,764	\$410,978	\$125,000	\$37,913	3
2016	2,645	2,611	\$271,260	\$75,000	\$38,933	0
2017	2,428	2,403	\$415,621	\$96,500	\$41,793	1
2018	3,001	2,985	\$286,360	\$85,000	\$33,091	1
TOTAL	44,832	36,531	\$287,603	---	\$31,252	29

Ohio Medical Professional Liability Closed Claim Report - 2018

VIII. Conclusion

This fourteenth annual report continues to provide insight into the details of Ohio medical professional liability claims. Trends continue to emerge as data for multiple years is gathered. With fourteen years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all fourteen years combined, approximately 77% of the claims closed without an indemnity payment.
- Almost all of the claims had costs in the form of ALAE.
- Higher value claims tended to be older. Conversely, smaller claims closed faster.
- Claims that went to trial were more likely to close with no indemnity payment, while those that settled or went through alternative dispute resolution were more likely to close with paid indemnity.

3929.302 Annual claims report by medical malpractice insurers - fine - confidentiality.

(A) The superintendent of insurance, by rule adopted in accordance with Chapter 119. of the Revised Code, shall require each authorized insurer, surplus lines insurer, risk retention group, self-insurer, captive insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, and any other entity that provides medical malpractice insurance to risks located in this state, to report information to the department of insurance at least annually regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in any of the following results:

- (1) A final judgment in any amount;
- (2) A settlement in any amount;
- (3) A final disposition of the claim resulting in no indemnity payment on behalf of the insured.

(B) The report required by division (A) of this section shall contain such information as the superintendent prescribes by rule adopted in accordance with Chapter 119. of the Revised Code, including, but not limited to, the following information:

- (1) The name, address, and specialty coverage of the insured;
- (2) The insured's policy number;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date and amount of the judgment, if any, including a description of the portion of the judgment that represents economic loss, noneconomic loss and, if applicable, punitive damages;
- (6) In the case of a settlement, the date and amount of the settlement;
- (7) Any allocated loss adjustment expenses;
- (8) Any other information required by the superintendent pursuant to rules adopted in accordance with Chapter 119. of the Revised Code.

(C) The superintendent may prescribe the format and the manner in which the information described in division (B) of this section is reported. The superintendent may, by rule adopted in accordance with Chapter 119. of the Revised Code, prescribe the frequency that the information described in division (B) of this section is reported.

(D) The superintendent may designate one or more rating organizations licensed pursuant to section [3937.05](#) of the Revised Code or other agencies to assist the superintendent in gathering the information, and making compilations thereof, required by this section.

(E) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting under this section or its agents or employees, or the

department of insurance or its employees, for any action taken that is authorized under this section.

(F) The superintendent may impose a fine not to exceed five hundred dollars against any person designated in division (A) of this section that fails to timely submit the report required under this section. Fines imposed under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section [3901.021](#) of the Revised Code.

(G) Except as specifically provided in division (H) of this section, the information required by this section shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person.

(H) The department of insurance shall prepare an annual report that summarizes the closed claims reported under this section. The annual report shall summarize the closed claim reports on a statewide basis, and also by specialty and geographic region. Individual claims data shall not be released in the annual report. Copies of the report shall be provided to the members of the general assembly.

(I)

(1) Except as specifically provided in division (I)(2) of this section, any information submitted to the department of insurance by an attorney, law firm, or legal professional association pursuant to rules promulgated by the Ohio supreme court shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information submitted is not subject to discovery or subpoena and shall not be made public by the department of insurance or any other person.

(2) The department of insurance shall summarize the information submitted by attorneys, law firms, and legal professional associations and include the information in the annual report required by division (H) of this section. Individual claims data shall not be released in the annual report.

(J) As used in this section, medical, dental, optometric, and chiropractic claims include those claims asserted against a risk located in this state that either:

(1) Meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code;

(2) Have not been asserted in any civil action, but that otherwise meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code.

Effective Date: 09-13-2004; 04-27-2005

3901-1-64 Medical liability data collection

(A) Purpose

The purpose of this rule is to establish procedures and requirements for the reporting of specific medical, dental, optometric and chiropractic claims data to the Ohio department of insurance.

(B) Authority

This rule is promulgated pursuant to the authority vested in the superintendent under sections [3901.041](#) and [3929.302](#) of the Revised Code.

(C) Definitions

(1) "Medical, dental, optometric and chiropractic claims" include those claims asserted against a risk located in this state that either:

(a) Meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code, or

(b) Have not been asserted in any civil action, but that otherwise meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code.

(2) "Risk retention group" has the same meaning as in section [3960.01](#) of the Revised Code.

(3) "Surplus lines insurer" means an insurer that is not licensed to do business in this state, but is nonetheless approved by the department to offer insurance because coverage is not available through licensed insurers.

(4) "Self-insurer" means any person or persons who set aside funds to cover liability for future medical, dental, optometric or chiropractic claims or that otherwise assume their own risk or potential loss for such claims. "Self-insurer" includes captives.

(D) Each authorized insurer, surplus lines insurer, risk retention group, self-insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, or any other entity that offers medical malpractice insurance to, or that otherwise assumes liability to pay medical, dental, optometric or chiropractic claims for, risks located in this state, shall report at least annually to the superintendent of insurance, or to the superintendent's designee, information regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in:

(1) A final judgment in any amount,

(2) A settlement in any amount, or

(3) A final disposition of the claim resulting in no indemnity payment on behalf of the covered person or persons.

(E) The report required by paragraph (D) of this rule shall include for each claim:

(1) The name, address and specialty coverage of each covered person;

(2) The insured's policy number, if applicable;

(3) The date of the occurrence that created the claim;

(4) The name and address of the injured person;

(5) The date the claim was reported and the claim number;

(6) The injured person's age and sex;

(7) If the medical, dental, optometric, or chiropractic claim was filed with the court, the case number and the name and location of the court;

(8) In the case of a judgment, the date and amount of the judgment and, if the judgment is subject to the itemization requirements in division (B) of section [2323.43](#) of the Revised Code, a description of the portion of the judgment that represents economic loss, non-economic loss and punitive damages, if any;

(9) In the case of a settlement, the date and amount of the settlement and, if known, the injured person's incurred medical expense, wage loss, and other expenses;

(10) Any loss adjustment expenses allocated to the claim or, if known, the amount allocated to each covered person;

(11) The loss adjustment expense, broken down between fees and expenses, paid to defense counsel;

(12) The date and reason for final disposition, if no judgment or settlement, and the type of disposition;

(13) Unless disclosure is otherwise prohibited by state or federal law, a summary of the occurrence which created the claim which shall include:

(a) The name of the institution, if any, and the location at which the injury occurred;

(b) The operation, diagnosis, treatment, procedure or other medical event or incident giving rise to the alleged injury;

(c) A description of the principal injury giving rise to the claim.

(F) Frequency The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May first of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in paragraph (D) of this rule that fails to timely submit the report required under this section shall be subject to a fine not to exceed five hundred dollars.

(H) Confidentiality

Information reported to the superintendent or the superintendent's designee pursuant to this rule shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person, including any rating organizations or other agencies designated by the superintendent to gather and/or compile the information.

(I) The requirements of this rule do not apply to reinsurers, reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

(J) Severability

If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.

Five Year Review (FYR) Dates: 8/29/2019 and 08/29/2024

Promulgated Under: [119.03](#)

Statutory Authority: [3901.041](#), [3929.302](#)

Rule Amplifies: [3929.302](#)

Prior Effective Dates: 01/02/2005, 11/10/2014

Prior History: (Effective: 11/10/2014

Five Year Review (FYR) Dates: 08/26/2014 and 08/26/2019

Promulgated Under: 119.03

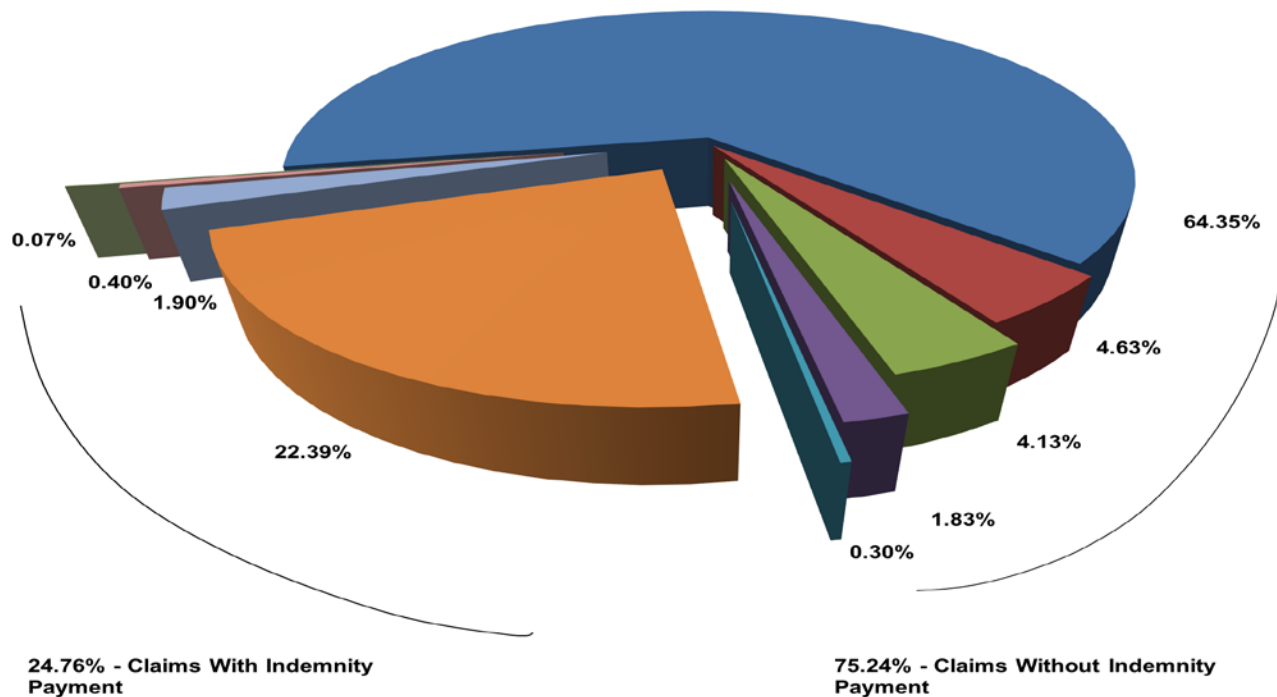
Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

Prior Effective Dates: 1/2/2005)

OHIO Closed Claims in 2018 Outcome of Malpractice Claims

3001 Closed Claims



Appendix C, Exhibit 1

- 64.35% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 4.63% Disposed of by Settlement Agreement -- Without Indemnity
- 4.13% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 1.83% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 0.3% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 22.39% Disposed of by Settlement Agreement -- With Indemnity
- 1.9% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.4% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.07% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity
- 0.40% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 0.07% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Final
Disposition Description

Appendix C, Exhibit 2

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice -- Without Indemnity	1931	64.3%	1679	\$24,199,337	\$14,413	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	139	4.6%	64	\$1,192,630	\$18,635	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	124	4.1%	119	\$7,085,742	\$59,544	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	55	1.8%	54	\$8,151,829	\$150,960	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	9	0.3%	7	\$272,532	\$38,933	0	\$0	\$0

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Disposed of by Settlement Agreement -- With Indemnity	672	22.4%	504	\$36,672,176	\$72,762	672	\$171,427,717	\$255,101
Disposed of by Alternative Dispute Resolution -- With Indemnity	57	1.9%	51	\$3,801,964	\$74,548	57	\$43,799,079	\$768,405
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	12	0.4%	12	\$2,126,723	\$177,227	12	\$9,950,213	\$829,184
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	2	0.1%	2	\$566,783	\$283,392	2	\$1,890,968	\$945,484
TOTALS and AVERAGES:	3001	100.0%	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO

Appendix C, Exhibit 3

Closed Claims for 2005 - 2018 ALAE and Indemnity Payments

CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$288,080	\$88,131,139	\$25,672
2007	3,451	21.6%	78.4%	\$235,463,393	\$315,635	\$103,033,668	\$35,603
2008	3,080	26.4%	73.6%	\$205,553,255	\$252,522	\$112,678,455	\$42,249
2009	3,344	24.0%	76.0%	\$258,370,436	\$322,158	\$107,739,769	\$39,350
2010	2,988	25.3%	74.7%	\$175,134,565	\$231,353	\$69,969,486	\$29,424
2011	3,094	24.3%	75.7%	\$218,260,316	\$290,626	\$84,010,903	\$33,591
2012	2,773	20.8%	79.2%	\$177,323,025	\$307,852	\$69,727,192	\$29,671
2013	3,019	23.5%	76.5%	\$266,688,492	\$376,679	\$85,857,388	\$35,493
2014	3,154	23.5%	76.5%	\$215,615,578	\$290,979	\$107,179,699	\$41,478
2015	2,800	23.8%	76.2%	\$274,979,308	\$412,882	\$94,225,610	\$39,098
2016	2,645	24.7%	75.3%	\$181,805,013	\$278,415	\$91,234,810	\$40,334
2017	2,428	26.5%	73.5%	\$279,095,903	\$433,379	\$92,297,256	\$46,034
2018	3,001	24.8%	75.2%	\$227,067,976	\$305,610	\$84,069,715	\$33,736

CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
TOTALS and AVERAGES:	44,832	23.3%	76.7%	\$3,225,857,770	\$308,961	\$1,303,349,655	\$34,513

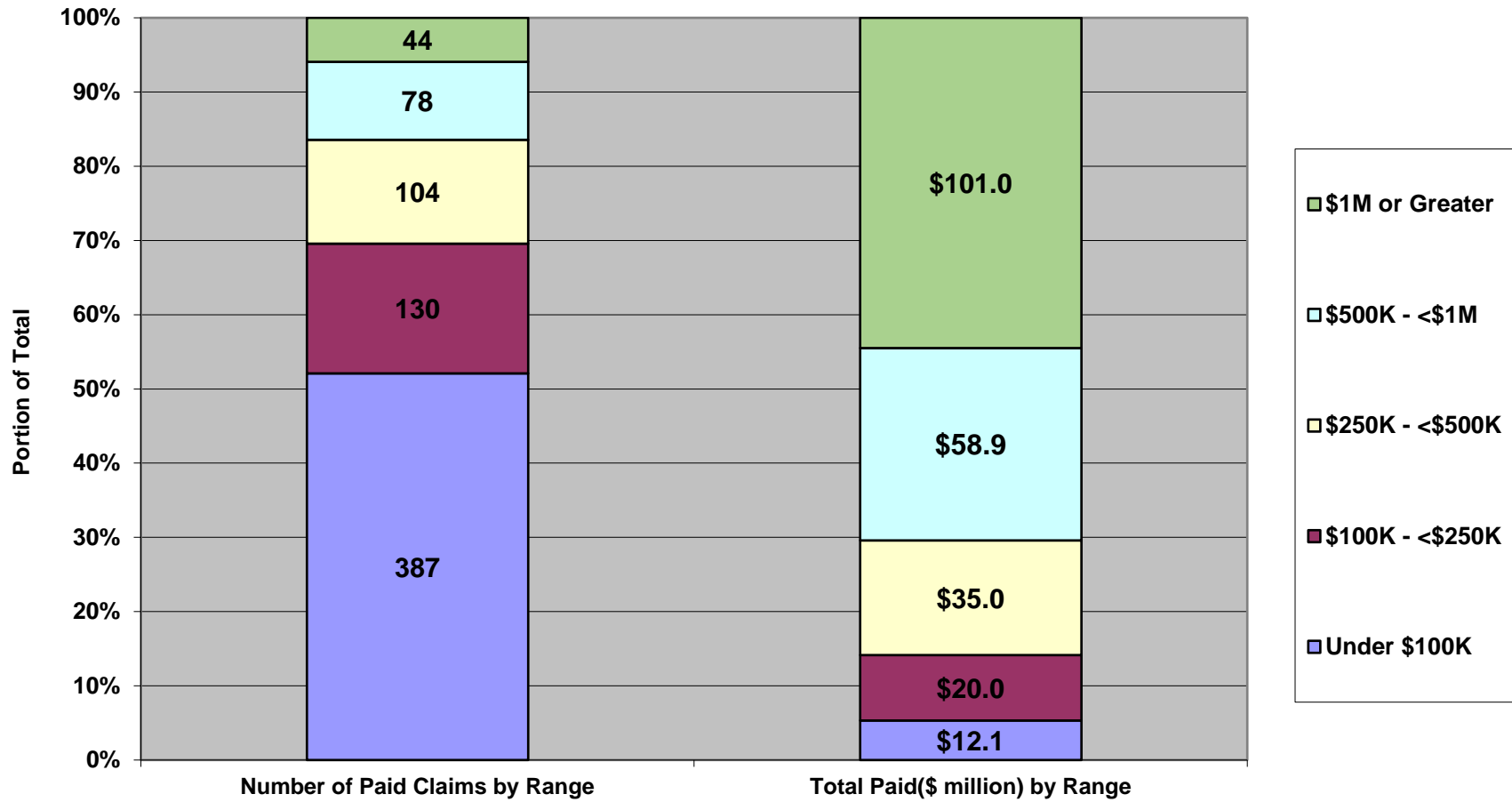
OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Age of Claim

Appendix C, Exhibit 4

AGE IN YEARS	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	638	432	\$2,328,825	\$5,391	171	\$20,115,114	\$117,632
1 But Less Than 2	1327	1116	\$15,323,808	\$13,731	257	\$55,144,429	\$214,570
2 But Less Than 3	511	447	\$21,092,139	\$47,186	149	\$66,507,941	\$446,362
3 But Less Than 4	230	215	\$16,912,302	\$78,662	73	\$37,745,383	\$517,060
4 But Less Than 5	118	109	\$9,289,912	\$85,229	33	\$13,232,344	\$400,980
5 But Less Than 6	89	87	\$10,944,266	\$125,796	33	\$10,750,956	\$325,787
6 But Less Than 7	40	40	\$3,479,454	\$86,986	11	\$2,807,500	\$255,227
7 or More	48	46	\$4,699,008	\$102,152	16	\$20,764,309	\$1,297,769
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

**OHIO
2018 Closed Claims
By Size of Payment**

Appendix C, Exhibit 5

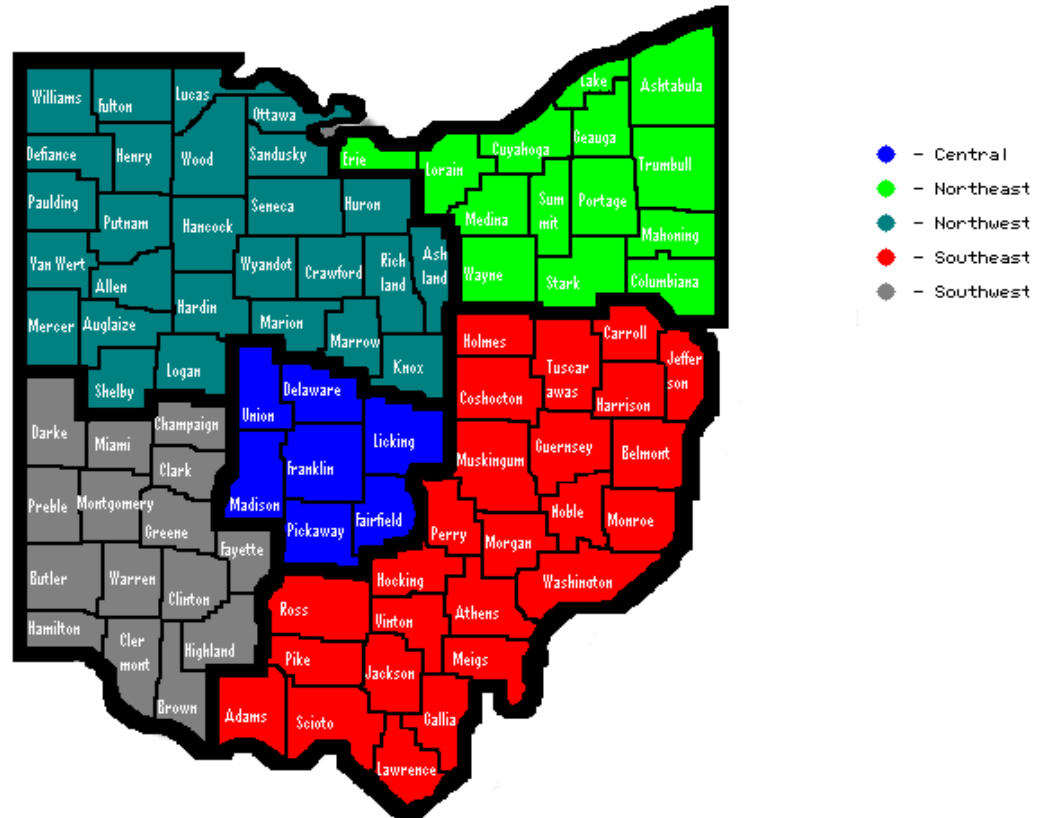


OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Insurer Type

Appendix C, Exhibit 6

INSURING ENTITY TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	1701	1580	\$40,973,857	\$25,933	248	\$67,201,715	\$270,975
Insurance Company - Surplus Lines	216	173	\$4,691,720	\$27,120	90	\$15,759,945	\$175,111
Risk Retention Group	45	36	\$1,042,313	\$28,953	13	\$2,604,500	\$200,346
Self Insurers (Captives)	1039	703	\$37,361,825	\$53,146	392	\$141,501,816	\$360,974
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

Closed Claims 2018 Regions



The counties displayed on the map include the following:

Central:

Delaware, Franklin, Licking, Madison, Pickaway, Union

Northeast:

Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

Northwest:

Allen, Ashland, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Huron, Knox, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

Southeast:

Adams, Athens, Belmont, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

Southwest:

Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Warren

OHIO

2018 Closed Claims

ALAE and Indemnity Payment by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Central								
	Franklin	282	235	\$12,308,957	\$52,379	92	\$24,438,990	\$265,641
	Central - Remainder	52	45	\$1,652,390	\$36,720	16	\$4,003,525	\$250,220
Totals and Averages:		334	280	\$13,961,347	\$49,862	108	\$28,442,515	\$263,357
Northeast								
	Cuyahoga	511	393	\$18,384,154	\$46,779	159	\$89,262,232	\$561,398
	Summit	235	197	\$8,405,304	\$42,667	41	\$12,452,539	\$303,720
	Stark	124	116	\$4,346,221	\$37,467	22	\$9,142,000	\$415,545
	Mahoning	63	57	\$3,608,453	\$63,306	23	\$6,833,500	\$297,109
	Lorain	66	51	\$1,945,743	\$38,152	16	\$6,702,050	\$418,878
	Northeast - Remainder	185	165	\$6,850,749	\$41,520	42	\$13,062,316	\$311,008
Totals and Averages:		1184	979	\$43,540,624	\$44,475	303	\$137,454,636	\$453,646

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Lucas	736	648	\$4,132,422	\$6,377	89	\$8,307,583	\$93,344
	Northwest - Remainder	152	133	\$5,857,674	\$44,043	52	\$16,604,326	\$319,314
Totals and Averages:		888	781	\$9,990,096	\$12,791	141	\$24,911,909	\$176,680
Southeast								
	Southeast	105	98	\$4,297,067	\$43,848	39	\$7,659,097	\$196,387
Totals and Averages:		105	98	\$4,297,067	\$43,848	39	\$7,659,097	\$196,387
Southwest								
	Hamilton	189	125	\$5,319,218	\$42,554	79	\$18,452,068	\$233,570
	Montgomery	152	110	\$3,443,574	\$31,305	27	\$3,941,783	\$145,992
	Butler	40	25	\$555,296	\$22,212	16	\$940,269	\$58,767
	Southwest - Remainder	100	87	\$2,641,815	\$30,366	25	\$3,325,700	\$133,028
Totals and Averages:		481	347	\$11,959,903	\$34,467	147	\$26,659,820	\$181,359
Unknown								
	Unknown	9	7	\$320,678	\$45,811	5	\$1,940,000	\$388,000
Totals and Averages:		9	7	\$320,678	\$45,811	5	\$1,940,000	\$388,000
GRAND TOTALS and AVERAGES:		3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO

Appendix C, Exhibit 9

2005 - 2018 Closed Claims ALAE and Indemnity Payment by Region and County

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Central		5584	22.49%	77.51%	\$321,726	\$35,206
	Central - Remainder	784	25.51%	74.49%	\$256,826	\$51,232
	Franklin	4800	22.00%	78.00%	\$334,018	\$32,519
Northeast		21605	23.29%	76.71%	\$337,552	\$33,488
	Cuyahoga	10792	26.66%	73.34%	\$383,591	\$33,040
	Lorain	1055	23.41%	76.59%	\$298,272	\$41,798
	Mahoning	1368	20.39%	79.61%	\$236,014	\$39,438
	Northeast - Remainder	3207	22.36%	77.64%	\$309,152	\$37,275
	Stark	1736	18.32%	81.68%	\$204,548	\$28,883
	Summit	3447	17.20%	82.80%	\$283,984	\$28,538

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Northwest		6574	21.48%	78.52%	\$254,382	\$30,726
	Lucas	3402	19.58%	80.42%	\$281,688	\$28,138
	Northwest - Remainder	3172	23.52%	76.48%	\$230,004	\$33,572
Southeast		2289	25.43%	74.57%	\$218,077	\$34,050
	Southeast	2289	25.43%	74.57%	\$218,077	\$34,050
Southwest		8596	24.53%	75.47%	\$287,692	\$39,631
	Butler	789	22.31%	77.69%	\$193,139	\$25,527
	Hamilton	3723	23.77%	76.23%	\$313,616	\$38,076
	Montgomery	2570	25.02%	74.98%	\$299,465	\$47,247
	Southwest - Remainder	1514	26.75%	73.25%	\$253,442	\$37,457
Unknown		184	27.72%	72.28%	\$601,879	\$43,852
	Unknown	184	27.72%	72.28%	\$601,879	\$43,852

OHIO

Appendix C, Exhibit 10

2018 Closed Claims

ALAE and Indemnity Payments by Physician Specialty

PHYSICIAN SPECIALTY	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Radiology	304	284	\$1,775,522	\$6,252	7	\$1,320,000	\$188,571
Neurology	280	262	\$958,396	\$3,658	4	\$2,625,000	\$656,250
Emergency Medicine	94	93	\$4,315,063	\$46,399	13	\$5,904,875	\$454,221
Otorhinolaryngology	91	43	\$851,964	\$19,813	2	\$1,165,000	\$582,500
Internal Medicine	87	74	\$2,589,943	\$34,999	13	\$3,622,500	\$278,654
Family Physicians/General Practitioners	75	66	\$3,887,398	\$58,900	13	\$5,312,500	\$408,654
Surgery - General	67	49	\$2,270,139	\$46,329	11	\$4,135,000	\$375,909
Surgery - Orthopedic	62	50	\$1,527,065	\$30,541	6	\$1,460,000	\$243,333
Obstetrics/Gynecology	55	43	\$2,599,595	\$60,456	15	\$14,980,000	\$998,667
Cardiovascular Disease	44	37	\$795,314	\$21,495	3	\$1,920,000	\$640,000
Other	254	211	\$9,179,929	\$43,507	32	\$15,520,378	\$485,012
TOTALS and AVERAGES:	1413	1212	\$30,750,325	\$25,372	119	\$57,965,253	\$487,103

OHIO
2005 - 2018 Closed Claims
ALAE and Indemnity Payments by Physician Specialty

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
ALL P & S Specialties	20,031	13.4%	86.6%	\$355,193	\$31,524
Internal Medicine	2,250	11.6%	88.4%	\$267,475	\$31,817
Emergency Medicine	1,695	14.1%	85.9%	\$317,388	\$30,288
Family Physicians/General Practitioners	1,649	19.0%	81.0%	\$303,817	\$37,011
Surgery - General	1,617	14.2%	85.8%	\$337,410	\$36,230
Radiology	1,579	13.9%	86.1%	\$221,813	\$22,221
Surgery - Orthopedic	1,564	12.7%	87.3%	\$239,121	\$23,372
Obstetrics/Gynecology	1,507	23.5%	76.5%	\$511,659	\$60,802
Neurology	856	7.6%	92.4%	\$528,445	\$26,456
Anesthesiology	838	13.0%	87.0%	\$494,494	\$25,192

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Cardiovascular Disease	739	10.3%	89.7%	\$443,976	\$28,648
Gastroenterology	420	8.8%	91.2%	\$417,651	\$24,831
Pediatrics	385	13.2%	86.8%	\$446,797	\$34,861
Surgery - Plastic	351	12.5%	87.5%	\$323,759	\$25,686
Pulmonary	341	7.9%	92.1%	\$286,128	\$26,828
Otorhinolaryngology	319	16.6%	83.4%	\$354,352	\$31,496
Surgery - Cardiac	298	7.4%	92.6%	\$453,614	\$28,804
Urology	286	14.0%	86.0%	\$401,961	\$21,859
Ophthalmology	279	17.6%	82.4%	\$182,939	\$18,271
Hospitalists	273	5.5%	94.5%	\$451,834	\$24,425
Surgery - Vascular	238	11.3%	88.7%	\$290,259	\$32,518
Surgery - Thoracic	221	9.0%	91.0%	\$342,797	\$28,417
Psychiatry	195	15.4%	84.6%	\$194,979	\$34,195

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Physical Medicine & Rehabilitation	181	5.5%	94.5%	\$719,500	\$21,463
Gynecology	169	21.3%	78.7%	\$326,102	\$40,405
Pathology	157	19.7%	80.3%	\$603,315	\$26,873
Surgery - Head	156	5.8%	94.2%	\$293,602	\$27,542
Nephrology	142	5.6%	94.4%	\$323,310	\$20,694
Hematology	120	13.3%	86.7%	\$377,083	\$32,631
Dermatology	109	15.6%	84.4%	\$58,626	\$15,439
Infectious Diseases	98	5.1%	94.9%	\$510,000	\$17,453
Surgery - Urological	91	13.2%	86.8%	\$199,250	\$16,941
Pain Management	78	14.1%	85.9%	\$241,364	\$18,644
Surgery - Colon & Rectal	78	11.5%	88.5%	\$479,498	\$73,979
Oncology	77	13.0%	87.0%	\$537,300	\$27,675
Unknown	66	25.8%	74.2%	\$168,996	\$24,434

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Physicians Assistants	65	13.8%	86.2%	\$382,972	\$23,683
Other	64	12.5%	87.5%	\$174,677	\$14,264
Endocrinology	57	10.5%	89.5%	\$253,611	\$22,016
Neonatal/Perinatal Medicine	47	21.3%	78.7%	\$651,667	\$69,768
Intensive Care Medicine	46	6.5%	93.5%	\$305,000	\$19,904
Rheumatology	46	17.4%	82.6%	\$551,250	\$27,367
Geriatrics	44	6.8%	93.2%	\$42,333	\$19,851
Physicians NOC	41	9.8%	90.2%	\$485,208	\$21,408
Surgery - Traumatic	40	12.5%	87.5%	\$455,000	\$22,592
General Preventive Medicine	34	11.8%	88.2%	\$333,750	\$28,673
Surgery - Hand	29	6.9%	93.1%	\$87,500	\$12,100
Surgery - Pediatric	23	17.4%	82.6%	\$881,250	\$20,286
Family Physicians\General Practitioners with Delivery	22	27.3%	72.7%	\$427,500	\$66,443

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Radiology Therapeutic	20	20.0%	80.0%	\$366,250	\$18,330
Surgery - Abdominal	19	21.1%	78.9%	\$140,625	\$16,880
Allergy/Immunology	11	9.1%	90.9%	\$5,000	\$12,877

OHIO

2018 Closed Claims

ALAE and Indemnity Payments by Medical Provider Type

PROVIDER TYPE	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physicians/Surgeons	1413	1212	\$30,750,325	\$25,372	119	\$57,965,253	\$487,103
Hospitals	679	475	\$30,015,233	\$63,190	320	\$114,415,688	\$357,549
Corporation	505	473	\$14,042,158	\$29,687	139	\$25,158,937	\$181,000
Other Medical Professionals	185	147	\$3,740,864	\$25,448	52	\$13,029,118	\$250,560
Nursing Home/Assisted Living	143	125	\$3,822,197	\$30,578	92	\$14,269,669	\$155,105
Clinic	43	35	\$1,297,654	\$37,076	4	\$227,000	\$56,750
Other Facilities	25	18	\$285,096	\$15,839	11	\$502,225	\$45,657
Pharmacy	8	7	\$116,189	\$16,598	6	\$1,500,086	\$250,014
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO 2018 Closed Claims

Appendix C, Exhibit 13

ALAE and Indemnity Payments by Injury

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	1142	1007	\$20,832,645	\$20,688	185	\$56,291,696	\$304,279
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	630	523	\$16,849,990	\$32,218	112	\$32,632,563	\$291,362
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	517	404	\$17,461,117	\$43,221	130	\$45,098,815	\$346,914
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	157	97	\$4,081,273	\$42,075	106	\$10,892,061	\$102,755

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Patient Monitoring-Related (Failure to Monitor, etc.)	134	117	\$4,906,041	\$41,932	64	\$9,867,212	\$154,175
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	110	98	\$4,089,476	\$41,729	34	\$12,326,539	\$362,545
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	102	93	\$10,201,216	\$109,690	33	\$47,322,400	\$1,434,012
Other (No Listed Category Applies)	96	57	\$2,216,250	\$38,882	35	\$7,193,112	\$205,517
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	35	25	\$522,820	\$20,913	16	\$772,472	\$48,279

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	31	27	\$952,979	\$35,296	5	\$1,661,732	\$332,346
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	27	25	\$980,229	\$39,209	8	\$948,638	\$118,580
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	20	19	\$975,678	\$51,351	15	\$2,060,737	\$137,382
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2005 - 2018 Closed Claims
ALAE and Indemnity Payments by Injury Type

Appendix C, Exhibit 14

Injury Description	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All Injury Types	44832	23.3%	76.7%	\$308,961	\$34,513
Anesthesia Related	820	22.1%	77.9%	\$472,328	\$33,134
Blood Related	2250	32.1%	67.9%	\$295,054	\$38,048
Breach of Confidentiality\Communication	551	30.3%	69.7%	\$151,298	\$32,425
Diagnosis-Related	11372	17.7%	82.3%	\$376,790	\$35,667
Equipment Related	587	44.8%	55.2%	\$108,044	\$18,696
Medical Treatment \Non-Obstetrical	11892	18.4%	81.6%	\$233,870	\$26,630
Obstetrics Related	1985	32.3%	67.7%	\$1,004,861	\$103,899
Other	2228	21.8%	78.2%	\$123,502	\$19,545
Patient Monitoring Related	1624	40.0%	60.0%	\$318,286	\$49,138
Policies & Procedures Related	320	43.4%	56.6%	\$144,048	\$35,666
Safety & Security Related	2137	57.7%	42.3%	\$107,561	\$24,990
Surgery Related	9026	19.5%	80.5%	\$293,495	\$29,701

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Birth Injury

Appendix C, Exhibit 15

BIRTH INJURY	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
No	2898	2396	\$73,535,581	\$30,691	708	\$178,032,377	\$251,458
Yes	103	96	\$10,534,135	\$109,731	35	\$49,035,599	\$1,401,017
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Severity

Appendix C, Exhibit 16

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE AMT	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	815	709	\$33,750,209	\$47,603	190	\$76,334,851	\$401,762
Emotional	708	609	\$1,452,432	\$2,385	90	\$4,542,224	\$50,469
Permanent Grave	48	44	\$4,014,477	\$91,238	20	\$14,102,422	\$705,121
Permanent Major	174	149	\$14,330,775	\$96,180	67	\$83,854,524	\$1,251,560
Permanent Minor	189	148	\$5,607,215	\$37,887	40	\$6,464,146	\$161,604
Permanent Significant	214	194	\$9,779,841	\$50,412	62	\$21,423,212	\$345,536
Temporary Low Significance	107	89	\$1,274,938	\$14,325	22	\$1,029,186	\$46,781
Temporary Major	332	260	\$7,793,437	\$29,975	119	\$14,457,417	\$121,491
Temporary Minor	414	290	\$6,066,393	\$20,919	133	\$4,859,994	\$36,541
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Age

Appendix C, Exhibit 17

AGE RANGE	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	1738	1452	\$49,483,320	\$34,079	395	\$106,021,450	\$268,409
Senior (Age 65+)	1034	832	\$18,788,522	\$22,582	269	\$38,784,143	\$144,179
Infant (Less than 1 year old)	133	121	\$11,561,106	\$95,546	44	\$51,023,083	\$1,159,616
Minor (Ages 1 to 17)	88	79	\$4,076,706	\$51,604	34	\$31,214,301	\$918,068
Unknown	8	8	\$160,061	\$20,008	1	\$25,000	\$25,000
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2005 – 2018 Closed Claims
ALAE and Indemnity Payments by Age

Age	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Adult 18 - 64	29,708	20.3%	79.7%	\$284,121	\$30,744
Senior 65 +	10,838	27.9%	72.1%	\$160,201	\$28,177
Infant	2,218	34.2%	65.8%	\$958,300	\$105,691
Minor 1 - 17	1,895	31.2%	68.8%	\$460,510	\$40,368

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Gender

Appendix C, Exhibit 19

GENDER	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Female	1678	1368	\$46,437,745	\$33,946	443	\$116,129,006	\$262,142
Male	1323	1124	\$37,631,971	\$33,480	300	\$110,938,971	\$369,797
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2018 Closed Claims
ALAE and Indemnity Payments by Location

Appendix C, Exhibit 20

LOCATION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Medical Professional's Office	1040	918	\$14,190,440	\$15,458	161	\$38,527,883	\$239,304
Operating Suite (Includes Pre-Op & Operating Rooms)	589	467	\$19,757,747	\$42,308	149	\$45,410,097	\$304,766
Emergency Room/Emergency Department	303	253	\$11,645,522	\$46,030	59	\$19,023,154	\$322,426
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	251	215	\$8,863,173	\$41,224	72	\$27,069,229	\$375,962

LOCATION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	189	163	\$5,046,450	\$30,960	94	\$14,392,169	\$153,108
Other (No Listed Location Applies)	120	90	\$3,691,878	\$41,021	36	\$9,070,378	\$251,955
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	113	103	\$10,429,932	\$101,261	38	\$40,073,154	\$1,054,557
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	81	66	\$2,281,367	\$34,566	24	\$7,699,049	\$320,794
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	73	46	\$1,660,608	\$36,100	17	\$3,205,875	\$188,581
Outpatient/Ambulatory Care Areas or Facilities	71	47	\$1,420,433	\$30,222	18	\$5,707,647	\$317,091

LOCATION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Critical Care Unit (ICU/CCU/NICU)	47	41	\$1,988,643	\$48,503	9	\$9,283,334	\$1,031,482
Patient's Home	36	31	\$1,330,277	\$42,912	12	\$1,760,000	\$146,667
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	35	8	\$161,710	\$20,214	31	\$481,598	\$15,535
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	20	15	\$276,104	\$18,407	10	\$1,594,399	\$159,440
Physical Therapy Dept.	11	9	\$320,942	\$35,660	5	\$593,169	\$118,634
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	8	8	\$584,549	\$73,069	1	\$100,000	\$100,000

LOCATION	TOTAL CLAIMS	CLAIMS with ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Hospice Area or Facility	6	5	\$181,927	\$36,385	3	\$89,342	\$29,781
Nursery/Pediatric Ward	5	5	\$127,509	\$25,502	3	\$887,500	\$295,833
Recovery Room (Post-Anesthesia Care Unit)	3	2	\$110,505	\$55,252	1	\$2,100,000	\$2,100,000
TOTALS and AVERAGES:	3001	2492	\$84,069,715	\$33,736	743	\$227,067,976	\$305,610

OHIO
2005 – 2018 Closed Claims
ALAE and Indemnity Payments by Location

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Operating Room	10,903	19.9%	80.1%	\$314,856	\$30,280
Medical Professional Office	8,973	19.1%	80.9%	\$236,411	\$25,055
Emergency Department	5,745	19.5%	80.5%	\$267,089	\$31,601
Patient's Room	5,732	27.2%	72.8%	\$251,311	\$34,104
Obstetrics Department	2,140	32.8%	67.2%	\$969,043	\$105,146
Radiology	1,986	20.9%	79.1%	\$260,034	\$37,074
Other	1,978	21.5%	78.5%	\$207,613	\$24,659
Nursing Home	1,902	39.7%	60.3%	\$132,720	\$33,900
Outpatient\Ambulatory Care	1,166	27.0%	73.0%	\$252,809	\$23,730
Special Procedure Room	1,134	22.8%	77.2%	\$270,972	\$32,668

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Critical Care Unit	1,003	20.6%	79.4%	\$643,314	\$38,687
Patient's Home	653	31.4%	68.6%	\$226,929	\$41,627
Ancillary Services	367	37.9%	62.1%	\$207,452	\$31,971
Nursery/Pediatric Ward	258	36.8%	63.2%	\$626,045	\$83,640
Facility Support Areas	216	64.4%	35.6%	\$43,873	\$24,926
Mental Health	192	25.0%	75.0%	\$297,452	\$36,628
Physical Therapy Dept	190	40.0%	60.0%	\$105,599	\$19,579
Recovery Room	182	33.5%	66.5%	\$348,552	\$68,635
Hospice	112	29.5%	70.5%	\$70,925	\$21,844